

<i>SERFF Tracking Number:</i>	<i>SALA-128364253</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>SunAmerica Annuity and Life Assurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>ASA-579 (5/12) ET AL.</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: SunAmerica Annuity and Life Assurance Company

Product Name: Application	SERFF Tr Num: SALA-128364253	State: Arkansas
TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable	SERFF Status: Closed-Approved-Closed	State Tr Num:
Sub-TOI: A02.1G.002 Flexible Premium	Co Tr Num: ASA-579 (5/12) ET AL.	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Tina Smith, Aly Lopez	Disposition Date: 06/05/2012
	Date Submitted: 05/31/2012	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Arizona, our domiciliary state, exempts this filing per ARS 20-1110.F and R20-6-218.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Discretionary	Overall Rate Impact:
Filing Status Changed: 06/05/2012	
State Status Changed: 06/05/2012	Deemer Date:
Created By: Aly Lopez	Submitted By: Aly Lopez
Corresponding Filing Tracking Number:	
Filing Description:	

The mentioned out-of-state group annuity Application forms are being submitted for your review and approval. They are new forms and are not intended to replace any application forms previously approved by your Department. The applications are to be used with approved annuity contracts when appropriate.

The submitted application forms are similar to the previously approved application forms ASA-579 (10/09); ASA-579-1

SERFF Tracking Number: SALA-128364253 State: Arkansas
Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:
Company
Company Tracking Number: ASA-579 (5/12) ET AL.
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Application
Project Name/Number: /

(10/09) approved on 11/17/09 under DOI Filing #44068.

The changes from the previously approved versions for ASA-579 (5/12) and ASA-579-1 (5/12) are the product selection under section 1, the optional feature selections under item 6(a), investment selections under section 7, instructional clarification under section 9a, addition of agent disclosure and addition of a 3rd agent. Other than the mentioned changes and form number the Application verbiage remains the same as the approved version.

The changes from the previously approved version for form ASA-579LP (5/12) are the same as indicated above for ASA-579 (5/12) in addition, the revision of the statement of owner under section 9(c).

We have provided a redline copy of the changes for your ease in review.

To the best of our knowledge and belief, this submission is in compliance with the statutes and regulations of your state and contains nothing that had been previously objected to or disapproved by your department. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

If you have any questions regarding this filing, please call me at the following toll free telephone number (800) 871-2000 x6195 or fax (310) 772-6569 or email alopez@sunamerica.com.

State Narrative:

Company and Contact

Filing Contact Information

Aly Lopez, Contract Analyst II
1999 Ave of the Stars
37th Floor
Los Angeles, CA 90701
alopez@sunamerica.com
800-871-2000 [Phone] 6195 [Ext]
310-772-6569 [FAX]

Filing Company Information

SunAmerica Annuity and Life Assurance
Company
1999 Ave of the Stars
37th Floor
Los Angeles, CA 90067
(800) 871-2000 ext. [Phone]
CoCode: 60941
Group Code:
Group Name: AIG
FEIN Number: 86-0198983
State of Domicile: Arizona
Company Type: Annuity
State ID Number:

SERFF Tracking Number: SALA-128364253 State: Arkansas
Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:
Company
Company Tracking Number: ASA-579 (5/12) ET AL.
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: Application
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: \$50 per form, 3 forms filed
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SunAmerica Annuity and Life Assurance Company	\$150.00	05/31/2012	59581306

SERFF Tracking Number:	SALA-128364253	State:	Arkansas
Filing Company:	SunAmerica Annuity and Life Assurance Company	State Tracking Number:	
Company Tracking Number:	ASA-579 (5/12) ET AL.		
TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable	Sub-TOI:	A02.1G.002 Flexible Premium
Product Name:	Application		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/05/2012	06/05/2012

<i>SERFF Tracking Number:</i>	<i>SALA-128364253</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>SunAmerica Annuity and Life Assurance</i>	<i>State Tracking Number:</i>	
	<i>Company</i>		
<i>Company Tracking Number:</i>	<i>ASA-579 (5/12) ET AL.</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
	<i>Variable and Variable</i>		
<i>Product Name:</i>	<i>Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 06/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SALA-128364253 State: Arkansas

Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number:

Company

Company Tracking Number: ASA-579 (5/12) ET AL.

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium

Variable and Variable

Product Name: Application

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Redline		Yes
Form	Deferred Annuity Application/Enrollment Form		Yes
Form	Application/Enrollment Form		Yes
Form	Application/Enrollment Form		Yes

SERFF Tracking Number: SALA-128364253 State: Arkansas

Filing Company: SunAmerica Annuity and Life Assurance State Tracking Number: Company

Company Tracking Number: ASA-579 (5/12) ET AL.

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable

Product Name: Application

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ASA-579 (5/12)	Application/Deferred Annuity Enrollment Form	Application/Enrollme nt Form	Initial		52.200	ASA-579 (5-12) cln.pdf
	ASA-579-1 (5/12)	Application/Enrollment Form	Application/Enrollme nt Form	Initial		51.600	ASA-579-1 (5-12) cln.pdf
	ASA-579LP (5/12)	Application/Enrollment Form	Application/Enrollme nt Form	Initial		52.200	ASA-579LP (5-12) CLN.pdf

Deferred Variable Annuity Application/Enrollment Form ("Application")

SunAmerica
the retirement specialist

SunAmerica Annuity
and Life Assurance Company
Domicile State: Arizona
Annuity Service Center
21650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

New Business Documents
with checks:
P.O. Box 100330
Pasadena, CA 91189-0330
without checks:
P.O. Box 54299
Los Angeles, CA 90054-0299

overnight with checks:
2710 Media Center Drive
Building #6, Suite 120
Los Angeles, CA 90065-1750
without checks:
21650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

☎ 1-800-445-7862
www.sunamerica.com

The → indicates a required response. Please print or type

→1Product Selection (Select one product to ensure Application is processed immediately. Solicitation state indicates the state in which this Application is signed.)

Select one product name (Share Class)

☐ Polaris Platinum III (B) ☐ Polaris Choice IV (L) ☐ Polaris Advantage
II (Bonus)]

Solicitation state

(Enter two-character state code) _____

→2Owner(s) / Participant(s) ("Owner") Information

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN or TIN _____ Phone (____) _____ Email _____

Joint Owner (if applicable)

Name: _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Relationship to Owner _____ Phone (____) _____

→3Annuitant(s) Information (Complete only if different from Owner)

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____ Email _____

Joint Annuitant (if applicable)

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED, ARE VARIABLE, ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Certificate, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Certificate replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If the Certificate replaced any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

→4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. **Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(a) below, you must provide the spousal beneficiary information below.**

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		<input type="checkbox"/> Primary			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

→5 Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract Indicate type and amount of initial Payment below. <input type="checkbox"/> Amount enclosed: \$ _____ OR <input type="checkbox"/> 1035 Exchange Estimated dollars: \$ _____	OR	5b. Qualified Contract Indicate type of plan for new contract, source of funds, and amount below. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Type of Plan for <i>New Contract</i></th> <th style="width: 40%;">Source of Funds Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> IRA</td> <td><input type="checkbox"/> 401(a)*</td> </tr> <tr> <td><input type="checkbox"/> Roth IRA</td> <td><input type="checkbox"/> 401(k)*</td> </tr> <tr> <td><input type="checkbox"/> SEP</td> <td><input type="checkbox"/> 457</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Keogh</td> </tr> <tr> <td colspan="2">* Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><input type="checkbox"/> Transfer</td> <td style="width: 40%;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Rollover</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Contribution</td> <td>\$ _____</td> </tr> <tr> <td>IRA Tax Year:</td> <td>_____</td> </tr> </table>	Type of Plan for <i>New Contract</i>	Source of Funds Amount	<input type="checkbox"/> IRA	<input type="checkbox"/> 401(a)*	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> 401(k)*	<input type="checkbox"/> SEP	<input type="checkbox"/> 457	<input type="checkbox"/> Other _____	<input type="checkbox"/> Keogh	* Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Transfer	\$ _____	<input type="checkbox"/> Rollover	\$ _____	<input type="checkbox"/> Contribution	\$ _____	IRA Tax Year:	_____
Type of Plan for <i>New Contract</i>	Source of Funds Amount																					
<input type="checkbox"/> IRA	<input type="checkbox"/> 401(a)*																					
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> 401(k)*																					
<input type="checkbox"/> SEP	<input type="checkbox"/> 457																					
<input type="checkbox"/> Other _____	<input type="checkbox"/> Keogh																					
* Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
<input type="checkbox"/> Transfer	\$ _____																					
<input type="checkbox"/> Rollover	\$ _____																					
<input type="checkbox"/> Contribution	\$ _____																					
IRA Tax Year:	_____																					

→6 Optional Benefits

See your registered representative/licensed agent and/or the prospectus for information about optional elections, including availability, the maximum issue age and investment requirements.

6(a). Optional Living Benefit Elections: You **MUST** complete section 6(a)

I. ☐ I am **NOT** electing an Optional Living Benefit (proceed to 6(b) below)

II. If electing an Optional Living Benefit, you must check one box under the **Living Benefit Features** section below.

If you elect a →
Dynamic Allocation
Income Option,
Provide your
investment
instructions in
Section 7(a).

Dynamic Allocation Income Options
<p style="text-align: center;">SunAmerica Income Plus</p> <p>Option 1 - <input type="checkbox"/> Single Life – Up to 6% MAWA <input type="checkbox"/> Joint Life – Up to 5.5% MAWA*</p> <p>Option 2 - <input type="checkbox"/> Single Life – Up to 7% MAWA <input type="checkbox"/> Joint Life – Up to 6.5% MAWA*</p> <p>Option 3 - <input type="checkbox"/> Single Life – Up to 5.25% MAWA <input type="checkbox"/> Joint Life – Up to 4.75% MAWA*</p> <p style="text-align: center;">OR</p> <p style="text-align: center;">SunAmerica Income Builder</p> <p><input type="checkbox"/> Single Life – Up to 5% for Life <input type="checkbox"/> Joint Life – Up to 4.5% for Life*</p>

OR

If you elect a →
Custom Allocation
Income Option,
provide your
investment
instructions on
the attached
Investment Option
Election Form.

Custom Allocation Income Options
<p style="text-align: center;">SunAmerica Income Plus with "Custom Allocation"</p> <p><input type="checkbox"/> Single Life – Up to 5% for Life <input type="checkbox"/> Joint Life – Up to 4.5% for Life*</p>

*You must complete the spousal Beneficiary Information in Section 4.

6(b). Optional Death Benefit Election: If the Maximum Anniversary Value Death Benefit is **NOT** elected, the beneficiary(ies) will receive the standard death benefit provided in the Contract.

I. ☐ Maximum Anniversary Value (MAV)

→ 7 Investment Selection / Optional Programs

If you elected [SunAmerica Income Plus]
Or [SunAmerica Income Builder] with
["Dynamic Allocation"]

Select your investment options and optional service features below. Do not complete the Investment Option Election Form (IOEF).

If you elected [SunAmerica Income Plus
with "Custom Allocation"] OR

Skip 7(a) and continue with 7(b). Be sure to complete the Investment Option Election Form (IOEF), which must be signed and included with this Application to make specific investment choices.

If you are not electing a Living Benefit

7(a). Investment Selection for [SunAmerica Income Plus] or [SunAmerica Income Builder with "Dynamic Allocation Income Options"]

Initial Purchase Payment: We automatically allocate **20%** of your initial Purchase Payment to the Secure Value Account. You may allocate the remaining **80%** can be invested into Option 1 or Option 2 below; only select one of the options.

Automatic Asset Rebalancing: As required by the feature named above, if you selected Option 1 or 2 below, we rebalance your choice(s) quarterly to the original allocations. We do not include the Secure Value Account in rebalancing.

Dollar Cost Averaging: Invest gradually in my choice(s) below using the DCA Account I've checked here. DCA Program begins 30 days from the date your initial Purchase Payment is received.

☐ 6-Month DCA Account* Or ☐ 1-Year DCA Account* Or ☐ 2-Year DCA Account**

* Not available in MN or MS for Polaris Advantage products. ** Not available in WA or for Polaris Advantage products.

Automatic Secure Value Account Allocation: 20%

If you elected a
Dynamic Allocation
Income Option in
Section 6(a), for
this Application

to be in good →
order, you must
indicate your
investment
selection here in
Option 1 or Option 2.

Option 1 (Choose one or both Portfolios below)

☐ SunAmerica Dynamic Allocation Portfolio ☐ SunAmerica Dynamic Strategy Portfolio
Note: If you select one box, 80% of your initial payment is allocated to that portfolio. If you select both boxes, 40% of your initial Purchase Payment is allocated to each portfolio named above.

OR

Option 2 (Invest in one or more of the Portfolios below)

	Payment Allocation	Target DCA
Cash Management	_____ %	_____ %
Corporate Bond	_____ %	_____ %
Global Bond	_____ %	_____ %
Government and Quality Bond	_____ %	_____ %
Real Return	_____ %	_____ %
SunAmerica Dynamic Allocation Portfolio	_____ %	_____ %
SunAmerica Dynamic Strategy Portfolio	_____ %	_____ %
Total Return Bond	_____ %	_____ %
Total	_____ 80%	_____ 100%

7(b). Optional Programs

- ☐ **Systematic Withdrawal:** Include Form [SA-5550SW] with this Application.
- ☐ **Automatic Asset Rebalancing:*** I request the investment options referenced in 7(a) above or designated in the Investment Option Election Form to be rebalanced at the frequency selected below.
- (Select only one) ☐ Quarterly** ☐ Semiannually ☐ Annually

*Unless separate asset allocation rebalancing instructions are provided and included with this Application, if a DCA Account is elected, we use Target DCA instructions indicated for Automatic Asset Rebalancing instructions.

** If you elected an Optional Living Benefit, Automatic Asset Rebalancing is done quarterly.

7(c). Telephone, Electronic Transaction, and Electronic Delivery Authorization

- ☐ Yes ☐ No Telephone Transaction Authorization
- ☐ Yes ☐ No Electronic Transaction Authorization

Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the Owner, the authorized Registered Representative of record and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon

completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss. (not applicable in Nevada)

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. **If no selection is made, the Company will assume that you authorize telephone transfers and/or electronic requests.**

For applicants in Florida, Iowa, Nevada, New Mexico, and North Dakota: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

☐ Yes ☐ No **Electronic Delivery Consent**

I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
- Account documents (quarterly statements and confirmations)
- Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

→8Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: WARNING: Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

→9Acknowledgements and Signature(s)

9(a). Replacement

☐ Yes ☐ No Do you have any existing life insurance or annuity contracts? *(Must check either Yes or No.)*

☐ Yes ☐ No Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? *(Must check either Yes or No)*

If yes to either of the above, please provide the information on the required forms, which can be obtained at sunamerica.com and include them with this Application.

9(b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.

- ☐ Place my funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period.
- ☐ Invest my funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period.

9(c). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the current prospectuses, either physically or electronically, for this variable annuity and the applicable underlying funds of the trusts.
- I acknowledge that I have read the current prospectuses for this variable annuity and the applicable underlying funds of the trusts carefully and understand their contents. (Iowa and Minnesota exempted)
- After consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- For applicants in Alaska: Information provided by the applicant are representations and not warranties.

- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

→ Owner's signature _____ Date _____

Joint owner's signature (if applicable) _____ Date _____

→ 10 Registered Representative / Licensed Agent Information and Signature(s)

☐ Yes ☐ No Do you have reason to believe that the applicant has any existing life insurance or annuity contracts?

☐ Yes ☐ No Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

I affirm that I have instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am providing the information on the required forms and including them with this Application.

I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material.

I certify that all information I have taken from the Owner has been truly and accurately recorded on this Application.

1. Registered Representative's/Licensed Agent's signature: _____

Registered Representative's/Licensed Agent's name (please print): _____ Joe Agent

Address: _____ 58910 Agent Street _____ Any City, CA 12345

Phone _____ (310) 555-1245 _____ Licensed Agent ID number _____ 123ABC _____ Email _____ joe@agent.com

Broker / Dealer firm name _____ ABC Broker

2. Registered Representative's/Licensed Agent's name (please print) _____

Address: _____

Phone _____ Licensed Agent ID number _____ Email _____

Broker / Dealer firm name _____

3. Registered Representative's/Licensed Agent's signature _____ SSN (1st 5 digits ONLY)- _____

Registered Representative's/Licensed Agent's name (please print) _____

Address _____ City _____ State _____ ZIP _____

Phone (____) _____ Licensed Agent ID number _____ Email _____

If Solicitation State is Florida, Florida License Identification number: _____

For Commission Option availability, check with your home office (available options vary by product)

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

If more than one representative, please indicate commission split:

Representative 1 _____ Representative 2 _____ Representative 3 _____

Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.

Deferred Variable Annuity Application/Enrollment Form ("Application")

SunAmerica
the retirement specialist

SunAmerica Annuity
and Life Assurance Company 2
Domicile State: Arizona
Annuity Service Center
1650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

New Business Documents
with checks:
P.O. Box 100330
Pasadena, CA 91189-0330

without checks:
P.O. Box 54299
Los Angeles, CA 90054-0299

overnight with checks:
2710 Media Center Drive
Building #6, Suite 120
Los Angeles, CA 90065-1750

without checks:
1650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

1-800-445-7862
www.sunamerica.com

The → indicates a required response. Please print or type

→1Product Selection *(Complete product name must be provided to ensure Application is processed immediately. Solicitation state indicates the state in which this Application is signed.)*

Complete product name *(Enter complete name as shown on 1st page of prospectus)*

Solicitation state

(Enter two-character state code) _____

→2Owner(s) / Participant(s) ("Owner") Information

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN or TIN _____ Phone (____) _____ Email _____

Joint Owner (if applicable)

Name: _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Relationship to Owner _____ Phone (____) _____

→3Annuitant(s) Information *(Complete only if different from Owner)*

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____ Email _____

Joint Annuitant (if applicable)

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED, ARE VARIABLE, ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Certificate, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Certificate replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If the Certificate replaced any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

→4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(b) below, you **must** provide the spousal beneficiary information below.

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		<input type="checkbox"/> Primary			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

→5 Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract Indicate type and amount of initial Payment below. <input type="checkbox"/> Amount enclosed: \$ _____ OR <input type="checkbox"/> 1035 Exchange Estimated dollars: \$ _____	OR	5b. Qualified Contract Indicate type of plan for new contract, source of funds, and amount below. <table border="1" style="width: 100%;"> <thead> <tr> <th>Type of Plan for <i>New</i> Contract</th> <th>Source of Funds</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> IRA</td> <td><input type="checkbox"/> Transfer</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Roth IRA</td> <td><input type="checkbox"/> Rollover</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> SEP</td> <td><input type="checkbox"/> Contribution</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>IRA Tax</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 401(a)*</td> <td>Year:</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 401(k)*</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 457</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Keogh</td> <td></td> <td></td> </tr> </tbody> </table>	Type of Plan for <i>New</i> Contract	Source of Funds	Amount	<input type="checkbox"/> IRA	<input type="checkbox"/> Transfer	\$ _____	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Rollover	\$ _____	<input type="checkbox"/> SEP	<input type="checkbox"/> Contribution	\$ _____	<input type="checkbox"/> Other _____	IRA Tax	_____	<input type="checkbox"/> 401(a)*	Year:	_____	<input type="checkbox"/> 401(k)*			<input type="checkbox"/> 457			<input type="checkbox"/> Keogh		
Type of Plan for <i>New</i> Contract	Source of Funds	Amount																											
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<input type="checkbox"/> Other _____	IRA Tax	_____																											
<input type="checkbox"/> 401(a)*	Year:	_____																											
<input type="checkbox"/> 401(k)*																													
<input type="checkbox"/> 457																													
<input type="checkbox"/> Keogh																													

* Is plan subject to ERISA? ☐ Yes ☐ No

→6 Optional Benefits

See your registered representative/licensed agent and/or the prospectus for information about optional elections, including availability, the maximum issue age and investment requirements.

6(a). Optional Feature: Only one optional feature may be elected. If elected, there will be an additional fee added to the Separate Account Charge and the elected feature replaces the default 7-year withdrawal charge period in the Contract. Refer to the prospectus for complete details.

- I. ☐ Early Access: Provides a 4-year withdrawal charge period
- II. ☐ Rewards: Provides a Payment Enhancement and a 9-year withdrawal charge period

6(b). Optional Living Benefit Elections: You **MUST** complete section 6(b)

- I. ☐ I am **NOT** electing an Optional Living Benefit (proceed to 6(c) below)
- II. If electing an Optional Living Benefit, you must check one box under the **Living Benefit Features** section below.

If you elect a →
Dynamic Allocation
Income Option,
Provide your
investment
instructions in
Section 7(a).

Dynamic Allocation Income Options
SunAmerica Income Plus Option 1 - <input type="checkbox"/> Single Life – Up to 6% MAWA <input type="checkbox"/> Joint Life – Up to 5.5% MAWA* Option 2 - <input type="checkbox"/> Single Life – Up to 7% MAWA <input type="checkbox"/> Joint Life – Up to 6.5% MAWA* Option 3 - <input type="checkbox"/> Single Life – Up to 5.25% MAWA <input type="checkbox"/> Joint Life – Up to 4.75% MAWA*
OR
SunAmerica Income Builder <input type="checkbox"/> Single Life – Up to 5% for Life <input type="checkbox"/> Joint Life – Up to 4.5% for Life*

*You must complete the spousal Beneficiary Information in Section 4.

OR

If you elect a →
Custom Allocation
Income Option,
provide your
investment
instructions on
the attached
Investment Option
Election Form.

Custom Allocation Income Options
SunAmerica Income Plus with "Custom Allocation" <input type="checkbox"/> Single Life – Up to 5% for Life <input type="checkbox"/> Joint Life – Up to 4.5% for Life*

6(c). Optional Death Benefit Election: If the Maximum Anniversary Value death benefit is **NOT** elected, the beneficiary(ies) will receive the Standard death benefit provided in the Contract.

- I. ☐ Maximum Anniversary Value (MAV)

→ 7 Investment Selection / Optional Service Features

If you elected [SunAmerica Income Plus] Or [SunAmerica Income Builder] with ["Dynamic Allocation"]	Select your investment options and optional service features below. Do not complete the Investment Option Election Form (IOEF).
If you elected [SunAmerica Income Plus with "Custom Allocation"] OR If you are not electing a Living Benefit	Skip 7(a) and continue with 7(b). Be sure to complete the Investment Option Election Form (IOEF), which must be signed and included with this Application to make specific investment choices.

7(a). Investment Selection for [SunAmerica Income Plus] or [SunAmerica Income Builder with "Dynamic Allocation Income Options"]

Initial Purchase Payment: We automatically allocate **20%** of your initial Purchase Payment to the Secure Value Account. You may allocate the remaining **80%** to Option 1 or Option 2 below; only select one of the options.

Automatic Asset Rebalancing: As required by the feature named above, if you selected Option 1 or 2 below, we rebalance your choice(s) quarterly to the original allocations. We do not include the Secure Value Account in rebalancing.

Dollar Cost Averaging: Invest gradually in my choice(s) below using the DCA Account I've checked here. DCA Program begins 30 days from the date your initial Purchase Payment is received.

☐ 6-Month DCA Account Or ☐ 1-Year DCA Account Or ☐ 2-Year DCA Account

**Not available in MS if Early Access or Polaris Rewards is elected. **Not available in WA or in MS if Early Access or Polaris Rewards is elected*

Automatic Secure Value Account Allocation: 20%

If you elected a
Dynamic Allocation
Income Option in
Section 6(a), for
this Application

to be in good
order you must
indicate your
investment
selection here.



Option 1 (Choose one or both Portfolios below)

- ☐ SunAmerica Dynamic Allocation Portfolio ☐ SunAmerica Dynamic Strategy Portfolio
- Note: If you select one box, 80% of your initial payment is allocated to that portfolio. If you select both boxes, 40% of your initial Purchase Payment is allocated to each portfolio named above.

OR

Option 2 (Invest in one or more of the Portfolios below)

	Payment Allocation	Target DCA
Cash Management	_____ %	_____ %
Corporate Bond	_____ %	_____ %
Global Bond	_____ %	_____ %
Government and Quality Bond	_____ %	_____ %
Real Return	_____ %	_____ %
SunAmerica Dynamic Allocation Portfolio	_____ %	_____ %
SunAmerica Dynamic Strategy Portfolio	_____ %	_____ %
Total Return Bond	_____ %	_____ %
Total	_____ 80%	_____ 100%

7(b). Optional Programs

- ☐ **Systematic Withdrawal:** Include Form [SA-5550SW] with this Application.
- ☐ **Automatic Asset Rebalancing:*** I request the investment options referenced in 7(a) above or designated in the Investment Option Election Form to be rebalanced at the frequency selected below.

(Select only one) ☐ Quarterly** ☐ Semiannually ☐ Annually

**Unless separate asset allocation rebalancing instructions are provided and included with this Application, if a DCA Account is elected, we use Target DCA instructions indicated for Automatic Asset Rebalancing instructions.*

*** If you elected an Optional Living Benefit, Automatic Asset Rebalancing is done quarterly. .*

7(c). Telephone, Electronic Transaction, and Electronic Delivery Authorization

- ☐ Yes ☐ No Telephone Transaction Authorization
- ☐ Yes ☐ No Electronic Transaction Authorization

Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the Owner, the authorized Registered Representative of record and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss. (not applicable in Nevada)

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. **If no selection is made, the Company will assume that you authorize telephone transfers and/or electronic requests**

For applicants in Florida, Iowa, Nevada, New Mexico, and North Dakota: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

☐ Yes ☐ No **Electronic Delivery Consent**

I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
- Account documents (quarterly statements and confirmations)
- Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

8 Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: WARNING: Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

9 Acknowledgements and Signature(s)

9(a). Replacement

☐ Yes ☐ No Do you have any existing life insurance or annuity contracts? (*Must check either Yes or No.*)

☐ Yes ☐ No Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? (*Must check either Yes or No*)

If yes to either of the above, please provide the information on the required forms, which can be obtained at sunamerica.com, and include them with this Application.

9(b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.

- ☐ Place my funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period.
- ☐ Invest my funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period.

9(c). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts.
- I acknowledge that I have read the current prospectuses for this variable annuity and the applicable underlying funds of the trusts carefully and understand their contents. (Iowa and Minnesota exempted)
- After consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- For applicants in Alaska: Information provided by the applicant are representations and not warranties.
- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

➔ Owner's signature _____ Date _____

Joint owner's signature (if applicable) _____ Date _____

10 Registered Representative / Licensed Agent Information and Signature(s)

☐ Yes ☐ No Do you have reason to believe that the applicant has any existing life insurance or annuity contracts?

☐ Yes ☐ No Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

I affirm that I have instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am providing the information on the required forms and including them with this Application.

I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material.

I certify that all information I have taken from the Owner has been truly and accurately recorded on this Application.

1. Registered Representative's/Licensed Agent's signature: _____

Registered Representative's/Licensed Agent's name (please print): Joe Agent

Address: 58910 Agent Street Any City, CA 12345

Phone (310) 555-1245 Licensed Agent ID number 123ABC Email joe@agent.com

Broker / Dealer firm name ABC Broker

2. Registered Representative's/Licensed Agent's name (please print) _____

Address: _____

Phone _____ Licensed Agent ID number _____ Email _____

Broker / Dealer firm name _____

3. Registered Representative's/Licensed Agent's signature _____ SSN (1st 5 digits ONLY)- _____

Registered Representative's/Licensed Agent's name (please print) _____

Address _____ City _____ State _____ ZIP _____

Phone (____) _____ Licensed Agent ID number _____ Email _____

If Solicitation State is Florida, Florida License Identification number: _____

For Commission Option availability, check with your home office (available options vary by product)

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

If more than one representative, please indicate commission split:

Representative 1 _____ Representative 2 _____ Representative 3 _____

Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.

Deferred Variable Annuity Application/Enrollment Form ("Application")

SunAmerica
the retirement specialist

SunAmerica Annuity
and Life Assurance Company
Domicile State: Arizona
Annuity Service Center
21650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

New Business Documents
with checks:
P.O. Box 100330
Pasadena, CA 91189-0330
without checks:
P.O. Box 54299
Los Angeles, CA 90054-0299

overnight with checks:
2710 Media Center Drive
Building #6, Suite 120
Los Angeles, CA 90065-1750
without checks:
21650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

☎ 1-800-445-7862
www.sunamerica.com

The → indicates a required response. Please print or type

→1Product Selection (Select one product to ensure Application is processed immediately. Solicitation state indicates the state in which this Application is signed.)

Select one product name (Share Class)

☐ Polaris Platinum III (B) ☐ Polaris Choice IV (L) ☐ Polaris Advantage II (Bonus)

Solicitation state

(Enter two-character state code) _____

→2Owner(s) / Participant(s) ("Owner") Information

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN or TIN _____ Phone (____) _____ Email _____

Joint Owner (if applicable)

Name: _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Relationship to Owner _____ Phone (____) _____

→3Annuitant(s) Information (Complete only if different from Owner)

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____ Email _____

Joint Annuitant (if applicable)

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED, ARE VARIABLE, ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Certificate, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Certificate replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If the Certificate replaced any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

→4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. **Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(a) below, you must provide the spousal beneficiary information below.**

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		<input type="checkbox"/> Primary			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

→5 Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract Indicate type and amount of initial Payment below. <input type="checkbox"/> Amount enclosed: \$ _____ OR <input type="checkbox"/> 1035 Exchange Estimated dollars: \$ _____	OR	5b. Qualified Contract Indicate type of plan for new contract, source of funds, and amount below. <table border="1"> <thead> <tr> <th>Type of Plan for <i>New Contract</i></th> <th>Source of Funds</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> IRA</td> <td><input type="checkbox"/> Transfer</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Roth IRA</td> <td><input type="checkbox"/> Rollover</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> SEP</td> <td><input type="checkbox"/> Contribution</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>IRA Tax Year:</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> 401(a)*</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 401(k)*</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 457</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Keogh</td> <td></td> <td></td> </tr> </tbody> </table> <input type="checkbox"/> Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Plan for <i>New Contract</i>	Source of Funds	Amount	<input type="checkbox"/> IRA	<input type="checkbox"/> Transfer	\$ _____	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Rollover	\$ _____	<input type="checkbox"/> SEP	<input type="checkbox"/> Contribution	\$ _____	<input type="checkbox"/> Other _____	IRA Tax Year:	_____	<input type="checkbox"/> 401(a)*			<input type="checkbox"/> 401(k)*			<input type="checkbox"/> 457			<input type="checkbox"/> Keogh		
Type of Plan for <i>New Contract</i>	Source of Funds	Amount																											
<input type="checkbox"/> IRA	<input type="checkbox"/> Transfer	\$ _____																											
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Rollover	\$ _____																											
<input type="checkbox"/> SEP	<input type="checkbox"/> Contribution	\$ _____																											
<input type="checkbox"/> Other _____	IRA Tax Year:	_____																											
<input type="checkbox"/> 401(a)*																													
<input type="checkbox"/> 401(k)*																													
<input type="checkbox"/> 457																													
<input type="checkbox"/> Keogh																													

→6 Optional Benefits

See your registered representative/licensed agent and/or the prospectus for information about optional elections, including availability, the maximum issue age and investment requirements.

6(a). Optional Living Benefit Elections: You **MUST** complete section 6(a)

I. ☐ I am **NOT** electing an Optional Living Benefit (proceed to 6(b) below)

II. If electing an Optional Living Benefit, you must check one box under the **Living Benefit Features** section below.

If you elect a →
Dynamic Allocation
Income Option,
Provide your
investment
instructions in
Section 7(a).

Dynamic Allocation Income Options
SunAmerica Income Plus Option 1 - <input type="checkbox"/> Single Life – Up to 6% MAWA <input type="checkbox"/> Joint Life – Up to 5.5% MAWA* Option 2 - <input type="checkbox"/> Single Life – Up to 7% MAWA <input type="checkbox"/> Joint Life – Up to 6.5% MAWA* Option 3 - <input type="checkbox"/> Single Life – Up to 5.25% MAWA <input type="checkbox"/> Joint Life – Up to 4.75% MAWA* <div style="text-align: center;">OR</div> SunAmerica Income Builder <input type="checkbox"/> Single Life – Up to 5% for Life <input type="checkbox"/> Joint Life – Up to 4.5% for Life*

OR

If you elect a →
Custom Allocation
Income Option,
provide your
investment
instructions on
the attached
Investment Option
Election Form.

Custom Allocation Income Options
SunAmerica Income Plus with "Custom Allocation" <input type="checkbox"/> Single Life – Up to 5% for Life <input type="checkbox"/> Joint Life – Up to 4.5% for Life*

*You must complete the spousal Beneficiary Information in Section 4.

6(b). Optional Death Benefit Election: If the Maximum Anniversary Value Death Benefit is **NOT** elected, the beneficiary(ies) will receive the standard death benefit provided in the Contract.

I. ☐ Maximum Anniversary Value (MAV)

→ 7 Investment Selection / Optional Programs

If you elected [SunAmerica Income Plus]
Or [SunAmerica Income Builder] with
["Dynamic Allocation"]

Select your investment options and optional service features below. Do not complete the Investment Option Election Form (IOEF).

If you elected [SunAmerica Income Plus
with "Custom Allocation"] OR

Skip 7(a) and continue with 7(b). Be sure to complete the Investment Option Election Form (IOEF), which must be signed and included with this Application to make specific investment choices.

If you are not electing a Living Benefit

7(a). Investment Selection for [SunAmerica Income Plus] or [SunAmerica Income Builder with "Dynamic Allocation Income Options"]

Initial Purchase Payment: We automatically allocate **20%** of your initial Purchase Payment to the Secure Value Account. You may allocate the remaining **80%** can be invested into Option 1 or Option 2 below; only select one of the options.

Automatic Asset Rebalancing: As required by the feature named above, if you selected Option 1 or 2 below, we rebalance your choice(s) quarterly to the original allocations. We do not include the Secure Value Account in rebalancing.

Dollar Cost Averaging: Invest gradually in my choice(s) below using the DCA Account I've checked here. DCA Program begins 30 days from the date your initial Purchase Payment is received.

☐ 6-Month DCA Account* Or ☐ 1-Year DCA Account* Or ☐ 2-Year DCA Account**

* Not available in MN or MS for Polaris Advantage products. ** Not available in WA or for Polaris Advantage products.

Automatic Secure Value Account Allocation: 20%

If you elected a
Dynamic Allocation
Income Option in
Section 6(a), for
this Application

to be in good →
order, you must
indicate your
investment
selection here in
Option 1 or Option 2.

Option 1 (Choose one or both Portfolios below)

☐ SunAmerica Dynamic Allocation Portfolio ☐ SunAmerica Dynamic Strategy Portfolio
Note: If you select one box, 80% of your initial payment is allocated to that portfolio. If you select both boxes, 40% of your initial Purchase Payment is allocated to each portfolio named above.

OR

Option 2 (Invest in one or more of the Portfolios below)

	Payment Allocation	Target DCA
Cash Management	_____ %	_____ %
Corporate Bond	_____ %	_____ %
Global Bond	_____ %	_____ %
Government and Quality Bond	_____ %	_____ %
Real Return	_____ %	_____ %
SunAmerica Dynamic Allocation Portfolio	_____ %	_____ %
SunAmerica Dynamic Strategy Portfolio	_____ %	_____ %
Total Return Bond	_____ %	_____ %
Total	_____ 80%	_____ 100%

7(b). Optional Programs

- ☐ **Systematic Withdrawal:** Include Form [SA-5550SW] with this Application.
- ☐ **Automatic Asset Rebalancing:*** I request the investment options referenced in 7(a) above or designated in the Investment Option Election Form to be rebalanced at the frequency selected below.
- (Select only one) ☐ Quarterly** ☐ Semiannually ☐ Annually

*Unless separate asset allocation rebalancing instructions are provided and included with this Application, if a DCA Account is elected, we use Target DCA instructions indicated for Automatic Asset Rebalancing instructions.

** If you elected an Optional Living Benefit, Automatic Asset Rebalancing is done quarterly.

7(c). Telephone, Electronic Transaction, and Electronic Delivery Authorization

- ☐ Yes ☐ No Telephone Transaction Authorization
- ☐ Yes ☐ No Electronic Transaction Authorization

Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the Owner, the authorized Registered Representative of record and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss. (not applicable in Nevada)

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. **If no selection is made, the Company will assume that you authorize telephone transfers and/or electronic requests.**

For applicants in Florida, Iowa, Nevada, New Mexico, and North Dakota: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

☐ Yes ☐ No **Electronic Delivery Consent**

I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
- Account documents (quarterly statements and confirmations)
- Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

→8Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: WARNING: Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

→9 Acknowledgements and Signature(s)

9(a). Replacement

☐ Yes ☐ No Do you have any existing life insurance or annuity contracts? (*Must check either Yes or No.*)

☐ Yes ☐ No Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? (*Must check either Yes or No*)

If yes to either of the above, please provide the information on the required forms and include them with this Application.

9(b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.

☐ Place my funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period.

☐ Invest my funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period.

9(c). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts and that I have read them carefully and understand their contents (Iowa and Minnesota exempted). If applicable, I consent to receiving the initial prospectus for the variable annuity product on the compact disc (the "CD Prospectus") given to me by my registered representative. I acknowledge that I (i) have access to a personal computer or similar device, (ii) have the ability to read the CD Prospectus using that technology, and (iii) am willing to incur any costs associated with using and maintaining that technology. If I cannot view the CD Prospectus, I have informed my registered representative and he/she has provided me with a paper copy of the prospectus. I understand future prospectus supplements and other amended/updated prospectuses, including the underlying funds prospectus, will be delivered to me in paper form. I also understand that I may request a prospectus in paper format at any time by calling the Annuity Service Center at [1-800-445-7862.]
- After consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- For applicants in Alaska: Information provided by the applicant are representations and not warranties.

- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

→ Owner's signature _____ Date _____

Joint owner's signature (if applicable) _____ Date _____

→ 10 Registered Representative / Licensed Agent Information and Signature(s)

☐ Yes ☐ No Do you have reason to believe that the applicant has any existing life insurance or annuity contracts?

☐ Yes ☐ No Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

I affirm that I have instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am providing the information on the required forms and including them with this Application.

I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material.

I certify that all information I have taken from the Owner has been truly and accurately recorded on this Application.

1. Registered Representative's/Licensed Agent's signature: _____

Registered Representative's/Licensed Agent's name (please print): _____ Joe Agent

Address: _____ 58910 Agent Street _____ Any City, CA 12345

Phone _____ (310) 555-1245 _____ Licensed Agent ID number _____ 123ABC _____ Email _____ joe@agent.com

Broker / Dealer firm name _____ ABC Broker

2. Registered Representative's/Licensed Agent's name (please print) _____

Address: _____

Phone _____ Licensed Agent ID number _____ Email _____

Broker / Dealer firm name _____

3. Registered Representative's/Licensed Agent's signature _____ SSN (1st 5 digits ONLY)- _____

Registered Representative's/Licensed Agent's name (please print) _____

Address _____ City _____ State _____ ZIP _____

Phone (____) _____ Licensed Agent ID number _____ Email _____

If Solicitation State is Florida, Florida License Identification number: _____

For Commission Option availability, check with your home office (available options vary by product)

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

If more than one representative, please indicate commission split:

Representative 1 _____ Representative 2 _____ Representative 3 _____

Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.

SERFF Tracking Number:	SALA-128364253	State:	Arkansas
Filing Company:	SunAmerica Annuity and Life Assurance Company	State Tracking Number:	
Company Tracking Number:	ASA-579 (5/12) ET AL.		
TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable	Sub-TOI:	A02.1G.002 Flexible Premium
Product Name:	Application		
Project Name/Number:	/		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR Reg 6 Cert.pdf AR rg 19.pdf CofR.pdf		
Bypassed - Item: Application Bypass Reason: Not applicable, this is an application filing. Comments:	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: Not applicable, this is an application filing. Comments:	Item Status:	Status Date:
Satisfied - Item: Redline Comments: Attachments: ASA-579 (5-12) RED.pdf ASA-579-1 (5-12) RED.pdf ASA-579LP (5-12) RED.pdf	Item Status:	Status Date:

**SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY
1 SUNAMERICA CENTER
LOS ANGELES, CALIFORNIA 90067-6022**

Certification of Compliance


SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY does hereby certify that the following listed form(s):

Applications: ASA-579 (5/12); ASA-579-1 (5/12); ASA-579LP (5/12);

Do comply with all Sections of the **Arkansas** Insurance Code and regulations applicable to such insurance policies and related forms, and will be so construed. We also certify that we are in compliance with Rule and Regulation 6 regarding Variable Annuity Contracts.

5/30/12

Date


Manda Ghaferi
Assistant Vice President

**SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY
1 SUNAMERICA CENTER
LOS ANGELES, CALIFORNIA 90067-6022**

Certification of Compliance

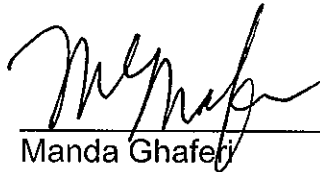
SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY does hereby certify that the following listed form(s):

ASA-579 (5/12); ASA-579-1 (5/12); ASA-579LP (5/12)

Do comply with all Sections of the **Arkansas** Insurance Code and regulations applicable to such insurance policies and related forms, and will be so construed. We also certify that we are in compliance with Rule and Regulation 19 (2nd Revision) regarding Unfair Sex Discrimination in the Sale of Insurance.

5/30/12

Date



Manda Ghafari
Assistant Vice President

SUNAMERICA ANNUITY AND LIFE ASSURANCE COMPANY

**1 SunAmerica Center
Los Angeles, CA 90067-6022**

CERTIFICATION OF READABILITY

This is to certify that the form(s) listed below is/are in compliance with the Flesch Readability Score

A. Option Selected

- ☐ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.
- ☒ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the Policy are indicated below.

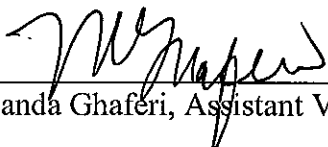
Forms and Form Numbers to which Certificate is applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Application	ASA-579 (5/12)	52.2
Application	ASA-579-1 (5/12)	51.6
Application	ASA-579LP (5/12)	52.2

B. Test Option Selected

- ☒ 1. Test was applied to entire policy form(s).
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

Signed for the Company at Los Angeles, California on 5/30/12


Manda Ghaferi, Assistant Vice President

Deferred Variable Annuity Application/Enrollment Form ("Application")

SunAmerica
the retirement specialist

SunAmerica Annuity
and Life Assurance Company
Domicile State: Arizona
Annuity Service Center
21650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

New Business Documents
with checks:
P.O. Box 100330
Pasadena, CA 91189-0330
without checks:
P.O. Box 54299
Los Angeles, CA 90054-0299

overnight with checks:
2710 Media Center Drive
Building #6, Suite 120
Los Angeles, CA 90065-1750
without checks:
21650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

☎ 1-800-445-7862
www.sunamerica.com

The → indicates a required response. Please print or type

→ **1 Product Selection** (~~Complete~~ Select one product ~~name must be provided~~ to ensure Application is processed immediately.
Solicitation state indicates the state in which this Application is signed.)

Complete Select one product name (Share Class ~~Enter complete name as shown on I#~~
~~page of prospectus~~)

☐ Polaris Platinum III (B) ☐ Polaris Choice IV (L) ☐ Polaris Advantage
II (Bonus)]

Solicitation state

(Enter two-character state code) _____

→ **2 Owner(s) / Participant(s) ("Owner") Information**

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN or TIN _____ Phone (____) _____ Email _____

Joint Owner (if applicable)

Name: _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Relationship to Owner _____ Phone (____) _____

→ **3 Annuitant(s) Information** (Complete only if different from Owner)

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____ Email _____

Joint Annuitant (if applicable)

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED, ARE VARIABLE, ARE NOT GUARANTEED AS TO
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Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If
the Certificate replaced any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during
which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual
information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the
benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may
return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life
insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid
and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our
Company or agent. Upon such refund, the Contract will be void.

→4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. **Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(a) below, you must provide the spousal beneficiary information below.**

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		<input type="checkbox"/> Primary			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

→5 Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract	OR	5b. Qualified Contract									
Indicate type and amount of initial Payment below.		Indicate type of plan for new contract, source of funds, and amount below.									
<input type="checkbox"/> Amount enclosed: \$ _____ OR <input type="checkbox"/> 1035 Exchange Estimated dollars: \$ _____		<table border="1"> <thead> <tr> <th>Type of Plan for <i>New Contract</i></th> <th>Source of Funds</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> IRA 401(a)* <input type="checkbox"/> 401(k) <input type="checkbox"/> Roth IRA 401(k)* <input type="checkbox"/> 457 <input type="checkbox"/> SEP 457 <input type="checkbox"/> Keogh <input type="checkbox"/> Other Keogh </td> <td> <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Contribution IRA Tax Year: _____ </td> <td> \$ _____ \$ _____ \$ _____ </td> </tr> <tr> <td colspan="3"> * Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </tbody> </table>	Type of Plan for <i>New Contract</i>	Source of Funds	Amount	<input type="checkbox"/> IRA 401(a)* <input type="checkbox"/> 401(k) <input type="checkbox"/> Roth IRA 401(k)* <input type="checkbox"/> 457 <input type="checkbox"/> SEP 457 <input type="checkbox"/> Keogh <input type="checkbox"/> Other Keogh	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Contribution IRA Tax Year: _____	\$ _____ \$ _____ \$ _____	* Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Plan for <i>New Contract</i>	Source of Funds	Amount									
<input type="checkbox"/> IRA 401(a)* <input type="checkbox"/> 401(k) <input type="checkbox"/> Roth IRA 401(k)* <input type="checkbox"/> 457 <input type="checkbox"/> SEP 457 <input type="checkbox"/> Keogh <input type="checkbox"/> Other Keogh	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Contribution IRA Tax Year: _____	\$ _____ \$ _____ \$ _____									
* Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No											

→6 Optional Benefits

~~I am electing an optional living benefit ☐ Yes ☐ No~~

~~I am electing an optional death benefit ☐ Yes ☐ No~~

~~Once elected by the Owner, optional benefits may not be changed or terminated (with the exception of living benefit elections). See your registered representative/licensed agent and/or the prospectus for information about optional elections, including availability, and the maximum issue age and investment requirements. Investment requirements apply to certain optional living benefits. The investment requirements are indicated on the Investment Option Election Form.~~

6(a). Optional Living Benefit Elections: You MUST complete section 6(a) Only one living benefit option may be elected (not available on Polaris Advisor III).

I. ☐ ~~SunAmerica Income Plus 6~~

I am NOT electing an Optional Living Benefit (proceed to 6(b) below)

II. If electing an Optional Living Benefit, you must check one box under the Living Benefit Features section below.

~~II. ☐ SunAmerica Income Builder 8~~

Dynamic Allocation Income Options	
If you elect a → Dynamic Allocation Income Option, Provide your investment instructions in Section 7(a).	SunAmerica Income Plus
	Option 1 - <input type="checkbox"/> Single Life - Up to 6% MAWA
	<input type="checkbox"/> Joint Life - Up to 5.5% MAWA*
	Option 2 - <input type="checkbox"/> Single Life - Up to 7% MAWA
	<input type="checkbox"/> Joint Life - Up to 6.5% MAWA*
	Option 3 - <input type="checkbox"/> Single Life - Up to 5.25% MAWA
<input type="checkbox"/> Joint Life - Up to 4.75% MAWA*	
OR	

~~SunAmerica Income Builder 4~~

- ☐ Single Life - Up to 5% for Life
☐ Joint Life - Up to 4.5% for Life*

Custom Allocation Income Options

SunAmerica Income Plus with

"Custom Allocation"

- ☐ Single Life - Up to 5% for Life
☐ Joint Life - Up to 4.5% for Life*

III. ☒ MarketLock For Life _____

Indicate the number of covered persons by selecting Single Life or Joint Life below.

Covered Persons: ☒ Single Life (1 covered person) ☐ Joint Life (2 covered persons). You must complete the spousal beneficiary information in Section 4 above, listing the spouse as the sole primary beneficiary.

**You must complete the spousal Beneficiary Information in Section 4.*

6(b). **Optional Death Benefit Elections:** ~~Only one death benefit option may be elected. If no optional~~ If the Maximum Anniversary Value Death Benefit is **NOT** elected, the beneficiary(ies) will receive the standard death benefit provided in the Contract.

~~I. ☒ Combination HV & Roll up (not available in Washington and not available if a living benefit is elected above)~~

~~II. ☐ Maximum Anniversary Value (MAV)~~

~~III. ☒ Maximum Anniversary Value with EstatePlus (EstatePlus is only available with Polaris Choice III products and is not available in Washington.)~~

→ 7 Investment Selection / Optional Service Features Programs

~~The Investment Option Election Form must be included with this Application to make specific investment choices. Select Optional Programs below.~~

If you elected **[SunAmerica Income Plus]** Or **[SunAmerica Income Builder] with ["Dynamic Allocation"]** Select your investment options and optional service features below. Do not complete the Investment Option Election Form (IOEF).

If you elected **[SunAmerica Income Plus with "Custom Allocation"] OR** Skip 7(a) and continue with 7(b). Be sure to complete the Investment Option Election Form (IOEF), which must be signed and included with this Application to make specific investment choices.

If you are not electing a Living Benefit

7(a). Investment Selection for [SunAmerica Income Plus] or [SunAmerica Income Builder with "Dynamic Allocation Income Options"]

Initial Purchase Payment: We automatically allocate 20% of your initial Purchase Payment to the Secure Value Account. You may allocate the remaining 80% can be invested into Option 1 or Option 2 below; only select one of the options.

Automatic Asset Rebalancing: As required by the feature named above, if you selected Option 1 or 2 below, we rebalance your choice(s) quarterly to the original allocations. We do not include the Secure Value Account in rebalancing.

Dollar Cost Averaging: Invest gradually in my choice(s) below using the DCA Account I've checked here. DCA Program begins 30 days from the date your initial Purchase Payment is received.

☒ 6-Month DCA Account* Or ☐ 1-Year DCA Account* Or ☐ 2-Year DCA Account**

* Not available in MN or MS for Polaris Advantage products. ** Not available in WA or for Polaris Advantage products.

Automatic Secure Value Account Allocation: 20%

If you elected a Dynamic Allocation Income Option in Section 6(a), for this Application

to be in good order, you must indicate your investment selection here in Option 1 or Option 2.

Option 1 (Choose one or both Portfolios below)

☐ SunAmerica Dynamic Allocation Portfolio ☐ SunAmerica Dynamic Strategy Portfolio

Note: If you select one box, 80% of your initial payment is allocated to that portfolio. If you select both boxes, 40% of your initial Purchase Payment is allocated to each portfolio named above.

OR

Option 2 (Invest in one or more of the Portfolios below)

	Payment Allocation	Target DCA
Cash Management	_____ %	_____ %
Corporate Bond	_____ %	_____ %
Global Bond	_____ %	_____ %
Government and Quality Bond	_____ %	_____ %
Real Return	_____ %	_____ %
SunAmerica Dynamic Allocation Portfolio	_____ %	_____ %
SunAmerica Dynamic Strategy Portfolio	_____ %	_____ %
Total Return Bond	_____ %	_____ %
Total	_____ 80%	_____ 100%

7(ba). Optional Programs

- ☐ **Systematic Withdrawal:** Include Form [SA-5550SW] with this Application.
- ☐ **Automatic Asset Rebalancing:** * - I request the investment options referenced in 7(a) above or accounts designated in the Investment Option Election Form to be rebalanced at the frequency selected below. ~~If you elected an optional living benefit, the rebalancing is automatically done quarterly.~~
- (Select only one) ☐ Quarterly** ☐ Semiannually ☐ Annually

~~*Note: Unless separate Asset Allocation Rebalancing instructions are provided on form [SA-2247POS] and included with this Application, if a DCA Account is elected, we will use Target DCA instructions indicated for Automatic Asset Rebalancing instructions indicated on the Investment Option Election form for Automatic Asset Rebalancing instructions. If you have elected [SunAmerica Income Plus 6 or SunAmerica Income Builder 8 and a DCA Account is not elected, we will proportionately rebalance your Flexible Allocation in accordance with the Payment Allocation instructions. If you have elected neither a DCA Account nor a living benefit, we will rebalance in accordance with the Payment Allocation instructions.]~~

~~** If you elected an Optional Living Benefit, Automatic Asset Rebalancing is done quarterly.~~

7(cb). Telephone, Electronic Transaction, and Electronic Delivery Authorization

- ☐ Yes ☐ No Telephone Transaction Authorization
- ☐ Yes ☐ No Electronic Transaction Authorization

Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the Owner, the authorized Registered Representative of record and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss. (not applicable in Nevada)

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. **If no selection is made, the Company will assume that you authorize telephone transfers and/or electronic requests.**

For applicants in Florida, Iowa, Nevada, New Mexico, and North Dakota: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

- ☐ Yes ☐ No Electronic Delivery Consent

I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
- Account documents (quarterly statements and confirmations)
- Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.

- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

→8 Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: **Fraud Warning:** It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: **Fraud Warning:** Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana and Maryland: **WARNING:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: **WARNING:** Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: **Fraud Warning:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: **Fraud Warning:** Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: **Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: **WARNING:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: **Fraud Warning:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

→9 Acknowledgements and Signature(s)

9(a). Replacement

☐ Yes ☐ No Do you have any existing life insurance or annuity contracts? (*Must check either Yes or No.*)

☐ Yes ☐ No Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? *(Must check either Yes or No)*

If yes to either of the above, please provide the information on the required forms, [which can be obtained at sunamerica.com](http://sunamerica.com) and include them with this Application.

9(b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.

- ☐ Place my funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period.
- ☐ Invest my funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period.

9(c). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the current prospectuses, [either physically or electronically](#), for this variable annuity and the applicable underlying funds of the trusts.
- I acknowledge that I have read the current prospectuses for this variable annuity and the applicable underlying funds of the trusts carefully and understand their contents. (Iowa and Minnesota exempted)
- After consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- For applicants in Alaska: Information provided by the applicant are representations and not warranties.
- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

→ Owner's signature _____ Date _____

Joint owner's signature (if applicable) _____ Date _____

→ 10 Registered Representative / Licensed Agent Information and Signature(s)

☐ Yes ☐ No Do you have reason to believe that the applicant has any existing life insurance or annuity contracts?

☐ Yes ☐ No Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

I affirm that I have instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am providing the information on the required forms and including them with this Application.

[I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: \(a\) I have delivered current applicable prospectuses and any supplements for the variable annuity \(which includes summary descriptions of the underlying investment options\); and \(b\) have used only current SunAmerica-approved sales material.](#)

I certify that all information I have taken from the Owner has been truly and accurately recorded on this Application.

1. Registered Representative's/Licensed Agent's signature: _____

Registered Representative's/Licensed Agent's name (please print): Joe Agent

Address: 58910 Agent Street Any City, CA 12345

Phone (310) 555-1245 Licensed Agent ID number 123ABC Email joe@agent.com

Broker / Dealer firm name ABC Broker

2. Registered Representative's/Licensed Agent's name (please print) _____

Address: _____

Phone _____ Licensed Agent ID number _____ Email _____

Broker / Dealer firm name _____

3. Registered Representative's/Licensed Agent's signature _____ SSN (1st 5 digits **ONLY**)- _____

Registered Representative's/Licensed Agent's name (please print) _____

Address _____ City _____ State _____ ZIP _____

Phone () _____ Licensed Agent ID number _____ Email _____

If Solicitation State is Florida, Florida License Identification number: _____

For Commission Option availability, ~~check with your home office for availability~~ (available options vary by product)

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

If more than one representative, please indicate commission split:

Representative 1 Representative 2 Representative 3

Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.

Deferred Variable Annuity Application/Enrollment Form ("Application")

SunAmerica
the retirement specialist

SunAmerica Annuity
and Life Assurance Company 2
Domicile State: Arizona
Annuity Service Center
1650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

New Business Documents
with checks:
P.O. Box 100330
Pasadena, CA 91189-0330

without checks:
P.O. Box 54299
Los Angeles, CA 90054-0299

overnight with checks:
2710 Media Center Drive
Building #6, Suite 120
Los Angeles, CA 90065-1750

without checks:
1650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

1-800-445-7862
www.sunamerica.com

The → indicates a required response. Please print or type

→1 Product Selection *(Complete product name must be provided to ensure Application is processed immediately. Solicitation state indicates the state in which this Application is signed.)*

Complete product name *(Enter complete name as shown on 1st page of prospectus)*

Solicitation state

(Enter two-character state code) _____

→2 Owner(s) / Participant(s) ("Owner") Information

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN or TIN _____ Phone (____) _____ Email _____

Joint Owner (if applicable)

Name: _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Relationship to Owner _____ Phone (____) _____

→3 Annuitant(s) Information *(Complete only if different from Owner)*

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____ Email _____

Joint Annuitant (if applicable)

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED, ARE VARIABLE, ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Certificate, You may return it to Our Annuity Service Center or to the agent through whom it was purchased within 10 days (30 days if the Certificate replaced any other life insurance or annuity contract(s)) after You receive it. The Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If the Certificate replaced any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our Company or agent. Upon such refund, the Contract will be void.

➔4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(b) below, you **must** provide the spousal beneficiary information below.

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		<input type="checkbox"/> Primary			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

➔5 Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract	OR	5b. Qualified Contract																					
Indicate type and amount of initial Payment below.		Indicate type of plan for new contract, source of funds, and amount below.																					
<input type="checkbox"/> Amount enclosed: \$ _____ OR <input type="checkbox"/> 1035 Exchange Estimated dollars: \$ _____		<table border="1"> <thead> <tr> <th>Type of Plan for <i>New</i> Contract</th> <th>Source of Funds</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> IRA</td> <td><input type="checkbox"/> Transfer</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Roth IRA</td> <td><input type="checkbox"/> Rollover</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> SEP</td> <td><input type="checkbox"/> Contribution</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>IRA Tax</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Keogh</td> <td>Year:</td> <td>_____</td> </tr> <tr> <td colspan="3">* Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>	Type of Plan for <i>New</i> Contract	Source of Funds	Amount	<input type="checkbox"/> IRA	<input type="checkbox"/> Transfer	\$ _____	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Rollover	\$ _____	<input type="checkbox"/> SEP	<input type="checkbox"/> Contribution	\$ _____	<input type="checkbox"/> Other _____	IRA Tax	_____	<input type="checkbox"/> Keogh	Year:	_____	* Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Plan for <i>New</i> Contract	Source of Funds	Amount																					
<input type="checkbox"/> IRA	<input type="checkbox"/> Transfer	\$ _____																					
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Rollover	\$ _____																					
<input type="checkbox"/> SEP	<input type="checkbox"/> Contribution	\$ _____																					
<input type="checkbox"/> Other _____	IRA Tax	_____																					
<input type="checkbox"/> Keogh	Year:	_____																					
* Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No																							

➔6 Optional Benefits

I am electing an optional living benefit ☐ Yes ☐ No
 I am electing an optional death benefit ☐ Yes ☐ No

Once elected by the Owner, optional benefits may not be changed or terminated (with the exception of living benefit elections). See your registered representative/licensed agent and/or the prospectus for information about optional elections, including availability, and the maximum issue age and investment requirements. Investment requirements apply to certain optional living benefits. The investment requirements are indicated on the Investment Option Election Form.

6(a). Optional Feature: Only one optional feature may be elected. If elected, there will be an additional fee added to the Separate Account Charge and the elected feature replaces the default 7-year withdrawal charge period in the Contract. Refer to the prospectus for complete details.

- I. ☐ Early Access: Provides a 4-year withdrawal charge period
 II. ☐ Rewards: Provides a Payment Enhancement and a 9-year withdrawal charge period

6(b). Optional Living Benefit Elections: **You MUST complete section 6(b). Only one living benefit option may be elected**

- I. ☐ I am NOT electing an Optional Living Benefit (proceed to 6(c) below)
 II. If electing an Optional Living Benefit, you must check one box under the Living Benefit Features section below.

If you elect a ➔	Dynamic Allocation Income Options	If you elect a ➔	Custom Allocation Income Options
Dynamic Allocation	SunAmerica Income Plus 6%* Option 1 - <input type="checkbox"/> Single Life – Up to 6% MAWA <input type="checkbox"/> Joint Life – Up to 5.5% MAWA* Option 2 - <input type="checkbox"/> Single Life – Up to 7% MAWA <input type="checkbox"/> Joint Life – Up to 6.5% MAWA* Option 3 - <input type="checkbox"/> Single Life – Up to 5.25% MAWA <input type="checkbox"/> Joint Life – Up to 4.75% MAWA* OR SunAmerica Income Builder <input type="checkbox"/> Single Life – Up to 5% for Life <input type="checkbox"/> Joint Life – Up to 4.5% for Life*	OR Custom Allocation Income Option, provide your investment instructions on the attached Investment Option Election Form.	SunAmerica Income Plus with "Custom Allocation" <input type="checkbox"/> Single Life – Up to 5% for Life <input type="checkbox"/> Joint Life – Up to 4.5% for Life*

**You must complete the spousal Beneficiary Information in Section 4.*

~~I. ☐ SunAmerica Income Plus 6~~

~~II. ☐ SunAmerica Income Builder 8~~

~~III. ☐ MarketLock For Life~~

Covered Persons: ~~☐ Single Life (1 covered person)~~ ~~☐ Joint Life (2 covered persons). You must complete the spousal beneficiary information in Section 4 above, listing the spouse as the sole primary beneficiary.~~

6(c). **Optional Death Benefit Elections:** ~~Only one death benefit option may be elected. If the Maximum Anniversary Value no optional Death Benefit death benefit is **NOT** elected, the beneficiary(ies) will receive the sStandard death benefit provided in the Contract.~~

~~I. ☐ Combination HV & Roll up (not available in Washington and not available if a living benefit is elected above)~~

~~II. ☐ Maximum Anniversary Value (MAV)~~

~~III. ☐ Maximum Anniversary Value with EstatePlus (EstatePlus is not available in Washington.)~~

➔ 7 Investment Selection / Optional Service Features

If you elected [SunAmerica Income Plus] Or [SunAmerica Income Builder] with ["Dynamic Allocation"]	Select your investment options and optional service features below. Do not complete the Investment Option Election Form (IOEF).
If you elected [SunAmerica Income Plus with "Custom Allocation"] OR If you are not electing a Living Benefit	Skip 7(a) and continue with 7(b). Be sure to complete the Investment Option Election Form (IOEF), which must be signed and included with this Application to make specific investment choices.

7(a). Investment Selection for [SunAmerica Income Plus] or [SunAmerica Income Builder with "Dynamic Allocation Income Options"]

Initial Purchase Payment: *We automatically allocate 20% of your initial Purchase Payment to the Secure Value Account. You may allocate the remaining 80% to Option 1 or Option 2 below; only select one of the options.*

Automatic Asset Rebalancing: *As required by the feature named above, if you selected Option 1 or 2 below, we rebalance your choice(s) quarterly to the original allocations. We do not include the Secure Value Account in rebalancing.*

Dollar Cost Averaging: *Invest gradually in my choice(s) below using the DCA Account I've checked here. DCA Program begins 30 days from the date your initial Purchase Payment is received.*

☐ 6-Month DCA Account* Or ☐ 1-Year DCA Account* Or ☐ 2-Year DCA Account**

**Not available in MS if Early Access or Polaris Rewards is elected. **Not available in WA or in MS if Early Access or Polaris Rewards is elected*

Automatic Secure Value Account Allocation: 20%

If you elected a
Dynamic Allocation
Income Option in
Section 6(a), for
this Application

to be in good ➔
order you must
indicate your
investment
selection here.

Option 1 (Choose one or both Portfolios below)

☐ SunAmerica Dynamic Allocation Portfolio ☐ SunAmerica Dynamic Strategy Portfolio

Note: If you select one box, 80% of your initial payment is allocated to that portfolio. If you select both boxes, 40% of your initial Purchase Payment is allocated to each portfolio named above.

OR

Option 2 (Invest in one or more of the Portfolios below)

	Payment Allocation	Target DCA
Cash Management	_____ %	_____ %
Corporate Bond	_____ %	_____ %
Global Bond	_____ %	_____ %
Government and Quality Bond	_____ %	_____ %
Real Return	_____ %	_____ %
SunAmerica Dynamic Allocation Portfolio	_____ %	_____ %
SunAmerica Dynamic Strategy Portfolio	_____ %	_____ %
Total Return Bond	_____ %	_____ %
Total	_____ 80%	_____ 100%

The Investment Option Election Form must be included with this Application to make specific investment choices. Select Optional Programs below.

7(ba). Optional Programs

- ☐ **Systematic Withdrawal:** Include Form [SA-5550SW] with this Application.
- ☐ **Automatic Asset Rebalancing:** * I request the ~~accounts investment options referenced in 7(a) above or~~ designated in the Investment Option Election Form to be rebalanced at the frequency selected below. ~~If you elected an optional living benefit, the rebalancing is automatically done quarterly.~~

(Select only one) ☐ Quarterly** ☐ Semiannually ☐ Annually

~~*Note: Unless separate Asset Allocation Rebalancing instructions are provided on form [SA-2247POS] and included with this Application, if a DCA Account is elected, we use Target DCA instructions indicated for Automatic Asset Rebalancing instructions indicated on the Investment Option Election form for Automatic Asset Rebalancing instructions.~~

~~** If you elected an Optional Living Benefit, Automatic Asset Rebalancing is done quarterly. .~~

~~If you have elected [SunAmerica Income Plus 6 or SunAmerica Income Builder 8] and a DCA Account is not elected, we will proportionately rebalance your Flexible Allocation in accordance with the Payment Allocation instructions. If you have elected neither a DCA Account nor a living benefit, we will rebalance in accordance with the Payment Allocation instruction~~

7(cb). Telephone, Electronic Transaction, and Electronic Delivery Authorization

- ☐ Yes ☐ No Telephone Transaction Authorization
☐ Yes ☐ No Electronic Transaction Authorization

Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the Owner, the authorized Registered Representative of record and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss. (not applicable in Nevada)

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. **If no selection is made, the Company will assume that you authorize telephone transfers and/or electronic requests**

For applicants in Florida, Iowa, Nevada, New Mexico, and North Dakota: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

- ☐ Yes ☐ No Electronic Delivery Consent

I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
- Account documents (quarterly statements and confirmations)
- Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

8 Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines,

denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana and Maryland: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: WARNING: Any person who knowingly *or* willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly *or* willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

9 Acknowledgements and Signature(s)

9(a). Replacement

☐ Yes ☐ No Do you have any existing life insurance or annuity contracts? (*Must check either Yes or No.*)

☐ Yes ☐ No Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? (*Must check either Yes or No*)

If yes to either of the above, please provide the information on the required forms, which can be obtained at sunamerica.com, -and include them with this Application.

9(b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.

☐ Place my funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period.

☐ Invest my funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period.

9(c). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

- I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts.
- I acknowledge that I have read the current prospectuses for this variable annuity and the applicable underlying funds of the trusts carefully and understand their contents. (Iowa and Minnesota exempted)
- After consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- ~~For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.~~
- For applicants in Alaska: Information provided by the applicant are representations and not warranties.
- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

→ Owner's signature _____ Date _____

Joint owner's signature (if applicable) _____ Date _____

10 Registered Representative / Licensed Agent Information and Signature(s)

☐ Yes ☐ No Do you have reason to believe that the applicant has any existing life insurance or annuity contracts?

☐ Yes ☐ No Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

I affirm that I have instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am providing the information on the required forms and including them with this Application.

I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material.

I certify that all information I have taken from the Owner has been truly and accurately recorded on this Application.

1. Registered Representative's/Licensed Agent's signature: _____

Registered Representative's/Licensed Agent's name (please print): _____ Joe Agent

Address: _____ 58910 Agent Street _____ Any City, CA 12345

Phone _____ (310) 555-1245 _____ Licensed Agent ID number _____ 123ABC _____ Email _____ joe@agent.com

Broker / Dealer firm name ABC Broker

2. Registered Representative's/Licensed Agent's name (please print) _____

Address: _____

Phone _____ Licensed Agent ID number _____ Email _____

Broker / Dealer firm name _____

3. Registered Representative's/Licensed Agent's signature _____ SSN (1st 5 digits **ONLY**)- _____

Registered Representative's/Licensed Agent's name (please print) _____

Address _____ City _____ State _____ ZIP _____

Phone () _____ Licensed Agent ID number _____ Email _____

If Solicitation State is Florida, Florida License Identification number: _____

For Commission Option availability, check with your home office for availability (available options vary by product)

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

If more than one representative, please indicate commission split:

Representative 1 _____ Representative 2 _____ Representative 3 _____

Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.

Deferred Variable Annuity Application/Enrollment Form ("Application")

SunAmerica
the retirement specialist

**SunAmerica Annuity
and Life Assurance Company**

Domicile State: Arizona
Annuity Service Center
21650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

New Business Documents

with checks:
P.O. Box 100330
Pasadena, CA 91189-0330

without checks:
P.O. Box 54299
Los Angeles, CA 90054-0299

overnight with checks:

2710 Media Center Drive
Building #6, Suite 120
Los Angeles, CA 90065-1750

without checks:
21650 Oxnard Street, Suite 750
Woodland Hills, CA 91367-4997

☎ 1-800-445-7862
www.sunamerica.com

The → indicates a required response. Please print or type

→ **1 Product Selection** (~~Complete~~ Select one product ~~name must be provided~~ to ensure Application is processed immediately.
Solicitation state indicates the state in which this Application is signed.)

Complete Select one product name (Share Class ~~Enter complete name as shown on I#~~
~~page of prospectus~~)

☐ Polaris Platinum III (B) ☐ Polaris Choice IV (L) ☐ Polaris Advantage
II (Bonus)]

Solicitation state

(Enter two-character state code) _____

→ **2 Owner(s) / Participant(s) ("Owner") Information**

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN or TIN _____ Phone (____) _____ Email _____

Joint Owner (if applicable)

Name: _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Relationship to Owner _____ Phone (____) _____

→ **3 Annuitant(s) Information** (Complete only if different from Owner)

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____ Email _____

Joint Annuitant (if applicable)

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date ____/____/____ SSN _____ Phone (____) _____

ANNUITY PAYMENTS AND VALUES PROVIDED BY THE CONTRACT, WHEN REDEEMED, ARE VARIABLE, ARE NOT GUARANTEED AS TO
FIXED DOLLAR AMOUNT, AND MAY BE WORTH MORE OR LESS THAN THE TOTAL AMOUNT INVESTED.

For applicants in Alaska only: If You are not satisfied with the Certificate, You may return it to Our Annuity Service Center or to the agent through
whom it was purchased within 10 days (30 days if the Certificate replaced any other life insurance or annuity contract(s)) after You receive it. The
Company will refund the greater of Purchase Payment(s) paid or the Certificate Value on the business day during which the Certificate is received. If
the Certificate replaced any other life insurance or annuity contract(s), the Company will refund the Certificate Value on the business day during
which the Certificate is received. Upon any refund, the Certificate shall be void. Upon your written request, we will provide you with factual
information regarding benefits and provisions of the annuity Certificate within 10 days.

For applicants in Arizona only: Upon your written request, we will provide you, within a reasonable period of time, factual information regarding the
benefits and provisions of the variable annuity Contract for which you are applying. If for any reason you are not satisfied with the Contract, you may
return the Contract within ten days (30 days if you are age 65 or older on the date of the application or if the Contract replaced any other life
insurance or annuity contract(s)) after you receive it. You will receive an amount equal to the sum of (1) the difference between the premiums paid
and the amounts allocated to any account under the Contract and (2) the Contract Value on the date the returned Contract is received by our
Company or agent. Upon such refund, the Contract will be void.

ASA-579 LP (5/12/09)

→4 Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on a separate document and submitted with this Application. **Note: If any living benefit is elected with Joint Life (2 covered persons) under Section 6(a) below, you must provide the spousal beneficiary information below.**

If the beneficiary type is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs, 457, and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on this Application.

Name (First, MI, Last)	Birth Date/ Trust Date	Beneficiary Type	Relationship	SSN/TIN	%
		<input type="checkbox"/> Primary			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			
		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent			

→5 Contract/Certificate ("Contract") Type and Source of Funds

Initial Payment: Make check payable to SunAmerica Annuity. If this is a 1035 Exchange or transfer, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application. See prospectus for minimum Purchase Payment amounts.

5a. Non-Qualified Contract	OR	5b. Qualified Contract									
Indicate type and amount of initial Payment below.		Indicate type of plan for new contract, source of funds, and amount below.									
<input type="checkbox"/> Amount enclosed: \$ _____ OR <input type="checkbox"/> 1035 Exchange Estimated dollars: \$ _____		<table border="1"> <thead> <tr> <th>Type of Plan for New Contract</th> <th>Source of Funds</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> IRA 401(a)* 401(k) <input type="checkbox"/> Roth IRA 401(k)* 457 <input type="checkbox"/> SEP 457 Keogh <input type="checkbox"/> Other Keogh </td> <td> <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Contribution IRA Tax Year: _____ </td> <td> \$ _____ \$ _____ \$ _____ </td> </tr> <tr> <td colspan="3"> * Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </tbody> </table>	Type of Plan for New Contract	Source of Funds	Amount	<input type="checkbox"/> IRA 401(a)* 401(k) <input type="checkbox"/> Roth IRA 401(k)* 457 <input type="checkbox"/> SEP 457 Keogh <input type="checkbox"/> Other Keogh	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Contribution IRA Tax Year: _____	\$ _____ \$ _____ \$ _____	* Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Plan for New Contract	Source of Funds	Amount									
<input type="checkbox"/> IRA 401(a)* 401(k) <input type="checkbox"/> Roth IRA 401(k)* 457 <input type="checkbox"/> SEP 457 Keogh <input type="checkbox"/> Other Keogh	<input type="checkbox"/> Transfer <input type="checkbox"/> Rollover <input type="checkbox"/> Contribution IRA Tax Year: _____	\$ _____ \$ _____ \$ _____									
* Is plan subject to ERISA? <input type="checkbox"/> Yes <input type="checkbox"/> No											

→6 Optional Benefits

~~I am electing an optional living benefit ☐ Yes ☐ No~~

~~I am electing an optional death benefit ☐ Yes ☐ No~~

~~Once elected by the Owner, optional benefits may not be changed or terminated (with the exception of living benefit elections). See your registered representative/licensed agent and/or the prospectus for information about optional elections, including availability, and the maximum issue age and investment requirements. Investment requirements apply to certain optional living benefits. The investment requirements are indicated on the Investment Option Election Form.~~

6(a). Optional Living Benefit Elections: You MUST complete section 6(a) Only one living benefit option may be elected (not available on Polaris Advisor III).

I. ☐ ~~SunAmerica Income Plus 6~~

I am NOT electing an Optional Living Benefit (proceed to 6(b) below)

II. If electing an Optional Living Benefit, you must check one box under the Living Benefit Features section below.

~~II. ☐ SunAmerica Income Builder 8~~

~~Dynamic Allocation Income Options~~

SunAmerica Income Plus
Option 1 - <input type="checkbox"/> Single Life - Up to 6% MAWA
<input type="checkbox"/> Joint Life - Up to 5.5% MAWA*
Option 2 - <input type="checkbox"/> Single Life - Up to 7% MAWA
<input type="checkbox"/> Joint Life - Up to 6.5% MAWA*
Option 3 - <input type="checkbox"/> Single Life - Up to 5.25% MAWA
<input type="checkbox"/> Joint Life - Up to 4.75% MAWA*

~~Section 7(a).~~

OR

~~SunAmerica Income Builder 4~~

- ☐ Single Life - Up to 5% for Life
☐ Joint Life - Up to 4.5% for Life*

Custom Allocation Income Options

SunAmerica Income Plus with "Custom Allocation"

- ☐ Single Life - Up to 5% for Life
☐ Joint Life - Up to 4.5% for Life*

~~If you elect a → Dynamic Allocation Income Option, Provide your investment instructions in~~

~~If you elect a → Custom Allocation~~

~~Income Option, provide your investment instructions on the attached Investment Option Election Form.~~

III. ☒ MarketLock For Life _____

Indicate the number of covered persons by selecting Single Life or Joint Life below.

Covered Persons: ☒ Single Life (1 covered person) ☐ Joint Life (2 covered persons). You must complete the spousal beneficiary information in Section 4 above, listing the spouse as the sole primary beneficiary.

**You must complete the spousal Beneficiary Information in Section 4.*

6(b). Optional Death Benefit Elections: ~~Only one death benefit option may be elected. If no optional~~ If the Maximum Anniversary Value Death Benefit is **NOT** elected, the beneficiary(ies) will receive the standard death benefit provided in the Contract.

~~I. ☒ Combination HV & Roll up (not available in Washington and not available if a living benefit is elected above)~~

~~II. ☐ Maximum Anniversary Value (MAV)~~

~~III. ☒ Maximum Anniversary Value with EstatePlus (EstatePlus is only available with Polaris Choice III products and is not available in Washington.)~~

→ 7 Investment Selection / Optional Service Features Programs

~~The Investment Option Election Form must be included with this Application to make specific investment choices. Select Optional Programs below.~~

If you elected **[SunAmerica Income Plus]** Or **[SunAmerica Income Builder] with ["Dynamic Allocation"]** Select your investment options and optional service features below. Do not complete the Investment Option Election Form (IOEF).

If you elected **[SunAmerica Income Plus with "Custom Allocation"]** OR Skip 7(a) and continue with 7(b). Be sure to complete the Investment Option Election Form (IOEF), which must be signed and included with this Application to make specific investment choices.

If you are not electing a Living Benefit

7(a). Investment Selection for **[SunAmerica Income Plus]** or **[SunAmerica Income Builder with "Dynamic Allocation Income Options"]**

Initial Purchase Payment: We automatically allocate 20% of your initial Purchase Payment to the Secure Value Account. You may allocate the remaining 80% can be invested into Option 1 or Option 2 below; only select one of the options.

Automatic Asset Rebalancing: As required by the feature named above, if you selected Option 1 or 2 below, we rebalance your choice(s) quarterly to the original allocations. We do not include the Secure Value Account in rebalancing.

Dollar Cost Averaging: Invest gradually in my choice(s) below using the DCA Account I've checked here. DCA Program begins 30 days from the date your initial Purchase Payment is received.

☒ 6-Month DCA Account* Or ☐ 1-Year DCA Account* Or ☐ 2-Year DCA Account**

* Not available in MN or MS for Polaris Advantage products. ** Not available in WA or for Polaris Advantage products.

Automatic Secure Value Account Allocation: 20%

If you elected a Dynamic Allocation Income Option in Section 6(a), for this Application

to be in good order, you must indicate your investment selection here in Option 1 or Option 2.

Option 1 (Choose one or both Portfolios below)

☐ SunAmerica Dynamic Allocation Portfolio ☐ SunAmerica Dynamic Strategy Portfolio

Note: If you select one box, 80% of your initial payment is allocated to that portfolio. If you select both boxes, 40% of your initial Purchase Payment is allocated to each portfolio named above.

OR

Option 2 (Invest in one or more of the Portfolios below)

	Payment Allocation	Target DCA
Cash Management	_____ %	_____ %
Corporate Bond	_____ %	_____ %
Global Bond	_____ %	_____ %
Government and Quality Bond	_____ %	_____ %
Real Return	_____ %	_____ %
SunAmerica Dynamic Allocation Portfolio	_____ %	_____ %
SunAmerica Dynamic Strategy Portfolio	_____ %	_____ %
Total Return Bond	_____ %	_____ %
Total	_____ 80%	_____ 100%

7(ba). Optional Programs

- ☐ **Systematic Withdrawal:** Include Form [SA-5550SW] with this Application.
- ☐ **Automatic Asset Rebalancing:** * - I request the investment options referenced in 7(a) above or accounts designated in the Investment Option Election Form to be rebalanced at the frequency selected below. ~~If you elected an optional living benefit, the rebalancing is automatically done quarterly.~~
- (Select only one) ☐ Quarterly** ☐ Semiannually ☐ Annually

~~*Note: Unless separate Asset Allocation Rebalancing instructions are provided on form [SA-2247POS] and included with this Application, if a DCA Account is elected, we will use Target DCA instructions indicated for Automatic Asset Rebalancing instructions indicated on the Investment Option Election form for Automatic Asset Rebalancing instructions. If you have elected [SunAmerica Income Plus 6 or SunAmerica Income Builder 8 and a DCA Account is not elected, we will proportionately rebalance your Flexible Allocation in accordance with the Payment Allocation instructions. If you have elected neither a DCA Account nor a living benefit, we will rebalance in accordance with the Payment Allocation instructions.]~~

~~** If you elected an Optional Living Benefit, Automatic Asset Rebalancing is done quarterly.~~

7(cb). Telephone, Electronic Transaction, and Electronic Delivery Authorization

- ☐ Yes ☐ No **Telephone Transaction Authorization**
- ☐ Yes ☐ No **Electronic Transaction Authorization**

Your Contract, if issued, will allow for pre-authorized transfer privileges. These privileges allow the Owner, the authorized Registered Representative of record and any other person(s) authorized by the Owner of the Contract who can furnish proper identification (upon completion by Owner of the authorization below) to make transfers and to change the allocation of future payments.

The Company and its affiliates and their directors, trustees, officers, employees, representatives, and/or agents will NOT be liable for complying with transfer instructions it reasonably believes to be authentic, nor for any loss, damage, costs or expenses in acting in accordance with such instructions, and Owner will bear the risk of any such loss. (not applicable in Nevada)

The Company will employ reasonable procedures to authenticate that the transfer instructions are genuine and will provide confirmation of all transactions to Owner. If the Company does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. **If no selection is made, the Company will assume that you authorize telephone transfers and/or electronic requests.**

For applicants in Florida, Iowa, Nevada, New Mexico, and North Dakota: If no election is made, the Company will assume you do NOT want to authorize telephone and/or electronic transfers.

- ☐ Yes ☐ No **Electronic Delivery Consent**

I consent to electronic delivery by the Company, when available, of:

- Legal disclosure materials (prospectuses and prospectus supplements for the variable annuity and the underlying funds and annual and semiannual reports for the underlying funds)
- Account documents (quarterly statements and confirmations)
- Related correspondence (privacy notice and other notices to customers)

I confirm that I have access to a computer with the hardware and software necessary (Adobe Acrobat®, Internet access, and an active email account) to receive this information electronically—in the form of a compact disc, by email, or by notice to me of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that I must provide my email address under Section 2 of the Application to use this service.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery.

- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time.

This consent is effective until further notice by the Company or until I revoke it.

Please call [1-800-445-7862] if you would like to revoke your consent, receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated in Section 2 of this Application.

→8 Notices and Disclaimers

Fraud Warning (applies to all states, except Arizona and the states noted below): Any person, who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in Arkansas and Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado: Fraud Warning: It is unlawful to knowingly provide false, incomplete, misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services.

For applicants in the District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For applicants in Kentucky: Fraud Warning: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime.

For applicants in Louisiana and Maryland: WARNING: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maryland: WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Maine, Tennessee, Virginia, and Washington: Fraud Warning: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey: Fraud Warning: Any person who includes any false information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in New Mexico: Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

For applicants in Ohio: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing any false, incomplete, or misleading information is guilty of insurance fraud.

For applicants in Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes a claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

For applicants in Pennsylvania: Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact hereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.

→9 Acknowledgements and Signature(s)

9(a). Replacement

☐ Yes ☐ No Do you have any existing life insurance or annuity contracts? (Must check either Yes or No.)

☐ Yes ☐ No Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? (Must check either Yes or No)

If yes to either of the above, please provide the information on the required forms and include them with this Application.

9(b). California Right-to-Examine Period

For Owners and Annuitants age 60 and older. Under California law, there is a 30-day Right-to-Examine period of your Contract. The amount that will be returned to you if you cancel your Contract during this 30-day period will depend on the election below, which designates where your Purchase Payments will be allocated during the Right-to-Examine period. Please check one of the following boxes. If you do not check one of these boxes, we will automatically invest your funds in the cash management investment option for 36 days from the date we issue the Contract.

- ☐ Place my funds into a cash management investment option for 36 days from the date the Company issues the Contract, unless I direct otherwise later during the waiting period.
- ☐ Invest my funds immediately in my chosen stock and/or bond portfolios. I understand that by doing so, I am subjecting my investment to market gain/losses during the waiting period.

9(c). Statement of Owner(s)

My answers to the above questions are true and correct to the best of my knowledge and belief. I agree that this Application shall be a part of any Contract issued by the Company. Further:

I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts and that I have read them carefully and understand their contents (Iowa and Minnesota exempted). If applicable, I consent to receiving the initial prospectus for the variable annuity product on the compact disc (the "CD Prospectus") given to me by my registered representative. I acknowledge that I (i) have access to a personal computer or similar device, (ii) have the ability to read the CD Prospectus using that technology, and (iii) am willing to incur any costs associated with using and maintaining that technology. If I cannot view the CD Prospectus, I have informed my registered representative and he/she has provided me with a paper copy of the prospectus. I understand future prospectus supplements and other amended/updated prospectuses, including the underlying funds prospectus, will be delivered to me in paper form. I also understand that I may request a prospectus in paper format at any time by calling the Annuity Service Center at 1-800-445-7862. I acknowledge receipt of the current prospectuses for this variable annuity and the applicable underlying funds of the trusts.

- ~~I acknowledge that I have read the current prospectuses for this variable annuity and the applicable underlying funds of the trusts carefully and understand their contents.~~ (Iowa and Minnesota exempted)
- After consulting with my registered representative/licensed agent and reviewing the prospectuses, I confirm that this variable annuity is suitable for my objectives and needs. (Minnesota exempted.)
- I understand that all Purchase Payments and values provided by the Contract, when based on investment experience of the variable portfolios, are variable and are not guaranteed as to dollar amount by the Company, the U.S. Government, or any State Government; are not federally insured by the FDIC, the Federal Reserve Board, or any other agency, Federal or State. I bear all market risks, except on amounts allocated to the available Fixed Account Options.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that the Company reserves the right to allocate my Purchase Payment(s) and any Initial Payment Enhancement(s), if applicable, to the cash management investment option until the end of the Right-to-Examine period.
- My signature below indicates that I am providing my investment allocation election on the separate Investment Option Election Form included with this Application.
- For applicants in Alaska: Information provided by the applicant are representations and not warranties.
- For applicants in Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

➔ Owner's signature _____ Date _____

Joint owner's signature (if applicable) _____ Date _____

➔ 10 Registered Representative / Licensed Agent Information and Signature(s)

☐ Yes ☐ No Do you have reason to believe that the applicant has any existing life insurance or annuity contracts?

☐ Yes ☐ No Do you have reason to believe that any existing life insurance or annuity contract has been (or will be) replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

I affirm that I have instructed the applicant to answer the questions in Section 9(a) appropriately. If the answer to either question is "yes," I am providing the information on the required forms and including them with this Application.

I am authorized and/or appointed to sell this variable annuity. I have fully discussed and explained the variable annuity features and charges including restrictions to the Owner. I believe this variable annuity is suitable given the Owner's investment time horizon, goals and objectives, and financial situation and needs. I represent that: (a) I have delivered current applicable prospectuses and any supplements for the variable annuity (which includes summary descriptions of the underlying investment options); and (b) have used only current SunAmerica-approved sales material.

I certify that all information I have taken from the Owner has been truly and accurately recorded on this Application.

1. Registered Representative's/Licensed Agent's signature: _____

Registered Representative's/Licensed Agent's name (please print): Joe Agent

Address: 58910 Agent Street Any City, CA 12345

Phone (310) 555-1245 Licensed Agent ID number 123ABC Email joe@agent.com

Broker / Dealer firm name ABC Broker

2. Registered Representative's/Licensed Agent's name (please print) _____

Address: _____

Phone _____ Licensed Agent ID number _____ Email _____

Broker / Dealer firm name _____

3. Registered Representative's/Licensed Agent's signature SSN (1st 5 digits **ONLY**)-

Registered Representative's/Licensed Agent's name (please print)

Address City State ZIP

Phone () Licensed Agent ID number Email

If Solicitation State is Florida, Florida License Identification number: _____

For Commission Option availability. ~~Check with your home office for availability~~ (available options vary by product)

☐ Option 1 ☐ Option 2 ☐ Option 3 ☐ Option 4 ☐ Option 5

If more than one representative, please indicate commission split:

Representative 1 Representative 2 Representative 3

Note: If there are more than three representatives, please attach all required representative information, including commission split among all representatives, on a separate document.